Iowa Board of Pharmacy
PMP Advisory Council Meeting Agenda
Friday, May 15, 2020
1:00PM CDT

Meeting
link: https://iahealthboards.my.webex.com/iahealthboards.my/j.php?MTID=mccde4c8d01508f0
5d5f385cd4c71928f
Meeting number:293 659 244
Password:zZcM3k3wVJ3
Phone Access: 1-408-418-9388
Phone password: 99263539

All Times Listed are Approximate:

1:00 p.m.   Call to Order & Announcements

Public Comment Period—*anyone who has submitted material for the agenda will be given an opportunity to address the Council during the particular agenda item. A member of the public wishing to address the Council regarding a particular agenda item should raise a hand during that agenda item to be recognized. During the initial public comment period, members of the public will have the opportunity to address the Council regarding any items not on the agenda, or any agenda item if the person is unable to be present for the discussion of the particular agenda item. Acknowledgment and an opportunity to speak will be limited to 5 minutes per person, with additional time allowed at the discretion of the Council.*

1:05 p.m.   Approval of Minutes

   January 17, 2019 Advisory Council Minutes

1:10 p.m.   Reports & Informational Items

1. PMP Registration and Utilization Trends
   a. Registration
   b. Utilization
   c. Requests
2. Controlled substance trends in Iowa
   a. Opioid use trends

      b. Impact of COVID-19 on opioid use
3. Interstate Data Sharing
      a. Nebraska
      b. Other states
4. Integrations
5. Iowa Department of Public Health Website
6. Legislative Update

1:40 p.m.   Other Updates

1. Update on applications for integration reimbursement
2. Meetings and presentations
3. Med Drop boxes (Jen Tiffany)

2:00 p.m.   Old Business

1. Naloxone reporting
2. PMP Audit

2:15 p.m.   New Business (Round Table Discussion) Co-lead by Member Matt Arnold, PharmD

1. Development of guidance/recommendation document for implementation strategies to reduce inappropriate opioid prescribing.
      a. Addition of opioid/benzo tapering guidance document to be sent out with prescriber activity reports promoting safe tapering and de-prescribing of opioids/benzos.
      b. Guidance on Chronic Opioid Therapy Contract templates (downloadable forms)
      c. Way to add naloxone flags? E.G., in EHR or Pharmacy dispenses > or = to 90 MME/day and no naloxone on record for the patient=>send follow up to dispenser or prescriber.
2. Provide education to providers on how to taper opioids and benzos annually, perhaps included with their prescriber activity or threshold reports. Make links to these documents available via PMP website for easier access (outside of AWARxE or NarxCare).
3. Formal definition of prescriber "outliers."
4. Develop specific outreach education/resources or interventions for prescribers
      a. Education on safely tapering opioids + benzos
      b. Providing (in-service?) education to nursing staff/clinical support on appropriate narcotic use/misuse

Times are subject to change. Please phone the Board office at 515.281.5944 before May 15, 2020.

5. Funding for drop boxes in emergency department (ED) settings. EDs are always open and are a safe drop location.
6. Examine prescriber dispensing of opioids/narcotics in office or clinic.
7. Discussion of potential legislation to limit prescribing abilities of certain prescriber categories to 7 days max for narcotics.
8. Guidance/recommendation document(s) for health systems and clinics outlining steps to decrease inappropriate opioid prescribing -examples below
    a. Change narcotic prescription default days supply to 3 days - with allowed modification and override by provider if they desire.
    b. Communicate to providers available resources on appropriately tapering opioids and benzos
    c. Offer to review current health system post-operative order sets and hospital protocols and modify/realign w/ current guidelines for appropriate narcotic use post-surgery.
    d. Create internal opioid prescribing score to track prescribing patterns

3:30 p.m.   **Discussion of next meeting**

      a. Meeting on regular schedule?
      b. Shorter more frequent meetings?
      c. Set Tentative Date

3:35 p.m.   **Adjournment**

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